MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

		ILED		ER NDMENT		TER NDMENT	AIM.		•		*		•
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	INC
			ļ					51	ļ	ļ			
		1					ļ	52	ļ		<u> </u>		
							ļ	53			<u> </u>		<u> </u>
4		1						54					<u></u>
4							- 1	55			<u> </u>		
_			<u> </u>					56					
_		1					L	57					
4		_1_	L				- [58					
4							L	59					
_							L	60					
4		1						61					
1							L	62					
1		1]]	. [63					
1							Γ	64					
\perp							Γ	65					
_[Γ	66				-	
1								67					
							Ī	68					
							Ī	69					
							Ī	70					
floor						A-30-7	ľ	71					_
$oldsymbol{\mathbb{I}}$							Ī	72	-				
I							r	73			-		
ſ								74					
							r	75				-	
\int							ľ	76	*				
J							<u> </u>	77					
J							t	78					
I							<u> </u>	79					
I								80					
ſ							r	81					
ſ							T	82					
Γ								83					
Ţ							۲	84					
Ī						$\neg \neg$		85					
ſ								86	†				
T							<u> </u>	87					
T							 	88					
1							H	89					
1							r	90					
T								91					
1							 	92			+		
T.							卜	93					
†							-	94					
- -							ŀ			<u>-</u>			
t				- 			-	96					
†							-	97					
t					+		-						
†							<u> </u>	98					
\dagger	·						-						
+							┝	100 OTAL					
				_ [L		1 1	Li	ND.		_ [
-	18	-7	•	-		-	Ī	OTAL DEP.		† ب		ן ני	
1		10.34					- 17	OTAL	Ъ	San Land	F.		
_	1 4 (3-78)			9.637.0		ال سيا	l d	LAIMS	ä	ZAVA (Š	S	148"	